



Annual 2008 VA/DoD JV Conference **Albuquerque Joint Venture**



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Agenda

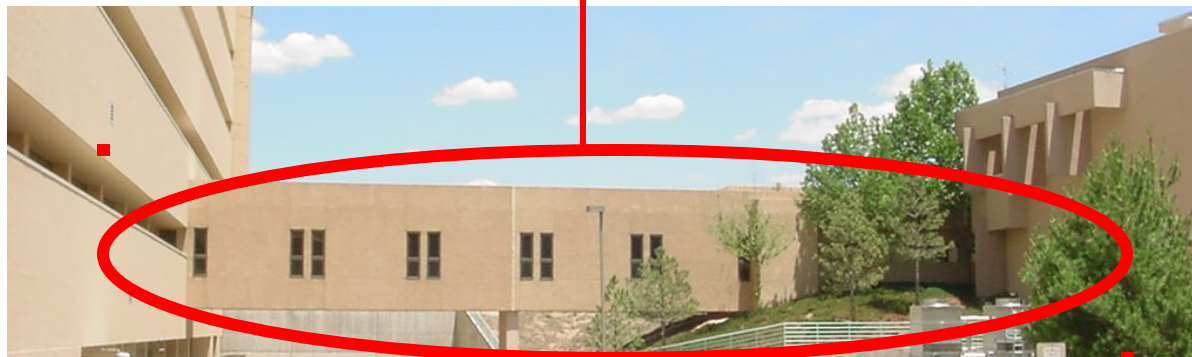
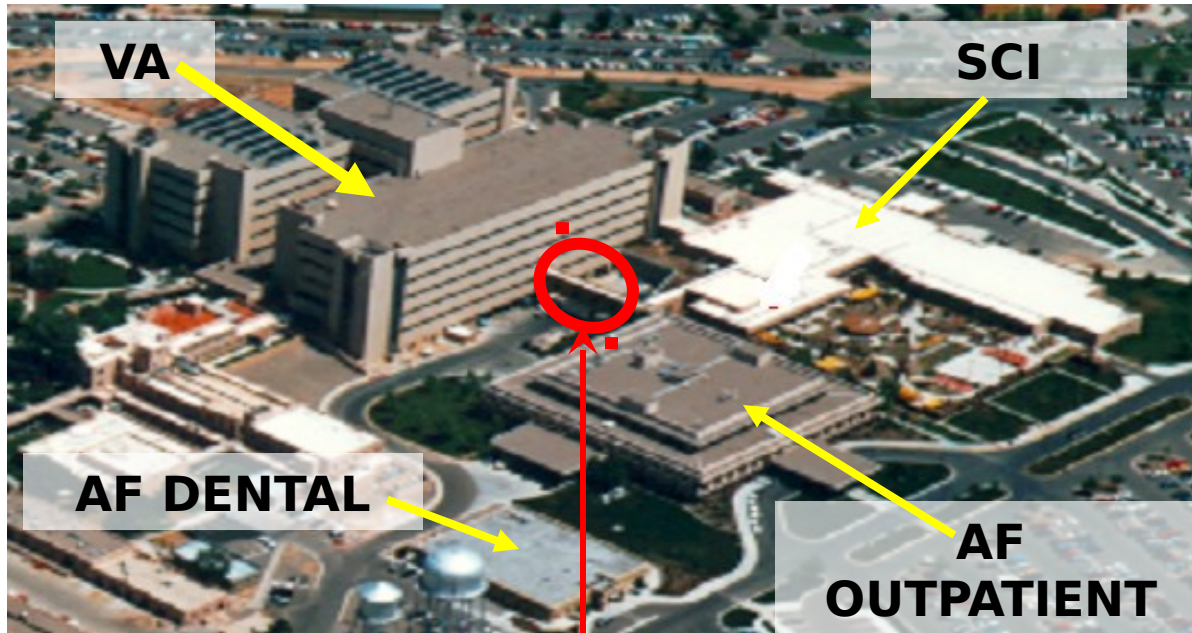


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- Brief overview of sharing relationship
 - Describe one aspect of your sharing relationship that is most successful.
 - What is the sharing arrangement?
 - What makes it successful?
 - What are the reimbursement methodologies used?
 - What challenges/barriers occurred?
 - How were they solved?
 - Other best practices at the Joint Venture
 - Lessons Learned
 - Contact Information



ABQ JV Overview

Physical Layout



- ← Emergency Room
- Check-In
- ← Patient Check-Out
- ← VA Health Benefits
- ↑ VA Admissions Office
- ↑ AF Clinic/Pharmacy
- ↑ X-Ray/Radiology
- ↑ Nuclear Medicine
- ↑ VA Outpatient Pharmacy
- ↑ Escort Service
- ↑ VA Primary Care Clinics



ABQ JV Overview Historical



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- First Joint Venture
 - Established in 1987 resulted in an initial \$14.7 million cost avoidance for DoD
 - 377 MDG inpatient ward in NMVA facility
 - Jointly staffed Lab, Imaging & Emergency Department Services until late -1990's
 - Evolved into two co-located facilities



ABQ JV Overview (FY07 Workload/Financial)



Category	Volume	% of Total NMVA Vol.	Dollars Billed
Outpatient Visits (Specialty care)	3,189	1.8%	\$481,831
Inpatient Admits (Acute Hospital)	204	3.6%	\$2,234,372
ED (Visits)	1,519	10.0%	\$548,861
Laboratory (Tests)	69,914	7.7%	\$857,562
Imaging (Exams)	10,020	26.1%	\$910,104



ABQ JV Overview (FY07 Financial)



Category	Dollars Billed
Tenant (Landlord) Support Services	\$3,408,826

Total FY07 JV Dollars Billed:
\$8,441,556



ABQ JV Overview

Reimbursement Methodologies



- Direct patient care agreements are reimbursed at 90% of the Champus Maximum Allowable Charge (CMAC) per VA/DoD National Billing Guidance
- Non-direct patient care agreements (utilities, police, environment management etc.) negotiated
- Agreements negotiated with fixed FTE are adjusted annually for the cost of living (COLA) increases via local Joint Policy Letter



ABQ JV Overview Governance



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- Joint Executive Council
 - Administrative Team
 - Clinical Team
 - Sharing Team
 - 16 sharing agreements/36 Joint Policy Letters



One Aspect of Sharing That's Successful



OIF/OEF Returning
Service Member Care



OIF/OEF Sharing

What Makes It Successful



- Co-location affords one-stop point of service
- Managed Care Centers
- Daily communication between partners
- Coordinated efforts to support consistent information sharing within the JV
 - Joint Policy developed for guidance
 - Scripting
 - Staff education and training (special emphasis on both organizations' points of entry)



Challenges/Barriers to ABQ JV Successful Sharing



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- Conflicting agency guidance/directives
 - Increasingly constrained resources
 - Physical space
 - Capacity
 - Scarce medical resources costs
 - Dual IM/IT Architectures/Firewalls

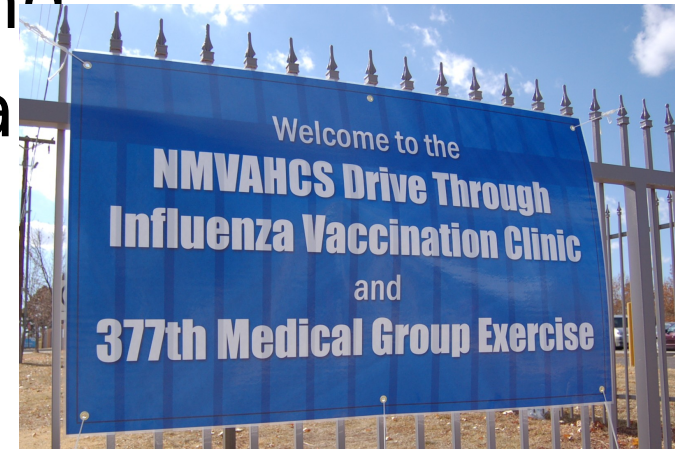


ABQ JV

Other Best Practices



- Joint Pandemic Flu Planning
- Joint Decontamination Team & Exercises
- Joint Training Agreements
- Joint Education Efforts





ABQ JV

Lessons Learned



-
- Leadership commitment
 - Flexibility and patience
 - Communication
 - Strategically plan to endure potential fluctuations in resources